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Men's Transitional Home- Deming  
416 S. Silver St  
Deming, NM 88030

575-936-4177  
575-936-4251

Proudlock, Johnathon

ID: 1000010719288 DOB: 5/12/1996

7/26/2023 12:19 AM

**Progress Note (Non-Rx) (Deming- Men's Transitional Home)**

Client has experienced or is experiencing the following: Client says he is hungry and tired and hot!

Client has not showered in a week and doesn't want to shower, he has a very strong odor and he needs to change clothes, I worry about his health with this kind of hygiene issues.

Client refuses to go to his house says he doesn't feel safe there and there are people he doesn't know there that tell him he has to leave, I will be taking him to his house and find out if any one is there and have them leave if there is. If I can get him to shower my supervisor Christina LCSW is going to have him go back to the shelter in Silver City with her if he would like to go.

**BEHAVIOR:**  
He has stopped taking prescribed medication. He needs assistance or cues for self care tasks. His ability to do domestic tasks is impaired and he is dependent on others. His relationships with family and friends have ceased. His use of substances has increased to an amount that is greater than advised. Some angry outbursts are occurring. Impulsive behaviors are occurring, but less frequently. Mr. Proudlock has diminished food and fluid intake. Mr. Proudlock is sometimes confused.  
Provided coaching by discussing emotional reactions to an event, discussing barriers and strengths.

Client did shower and changed clothes and also went to the shelter in Silver City looking to find help there with housing issues, isolation issues, and quit using illicit drugs.

**DIAGNOSES:** The following Diagnoses are based on currently available information and may change as additional information becomes available.

Other schizoaffective disorders, F25.8 (ICD-10) (Active)  
Discord with neighbors, lodgers and landlord, Z59.2 (ICD-10) (Active)  
Contact with and (suspected) exposure to other communicable diseases, Z20.89 (ICD-10) (Active)

**INSTRUCTIONS / RECOMMENDATIONS / PLAN:**

**LEVEL OF CARE JUSTIFICATION:**  
Mr. Proudlock continues to need outpatient treatment. He continues to exhibit symptoms of an emotional disorder that interfere with day to day functioning and requires continued treatment.

**BARRIERS**

- Increase social support system
- Assist in finding community support

**Service Location**  
**Audit Log**  
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